



**Montana Commission on Community Service**  
**Office of the Governor**  
**Box 200801**  
**Helena, MT 59620-0801**  
**406/444-5547 or 444-9077**  
**Fax 406/444-4418**

#### **Planning Grants**

The Montana Commission on Community Service is accepting planning grant applications. The sizes and terms of planning grants may vary by circumstance and need; they may range up to \$50,000 in funds from the Montana Commission. All planning grants are subject to a minimum 33% grantee share.

The MT Commission on Community Service is currently accepting planning grant proposals from applicants that have identified a sound concept for a national service program (see RFP for issue areas), but require resources to plan, develop, and prepare the program for implementation, in order to submit a full program grant. Application is open to both existing national service programs and new organizations.

The timetable for planning grants is as follows:

May 21, 2007	Paper planning grants must be in the office of the Montana Commission, 1301 Lockey, Helena, MT 59620 by 4:30 p.m.
June 8, 2007	Successful Applicants enter projects into egrants
September, 2007	Planning grants awarded
September, 2007	Commission begins to disperse funds and planning activities begin

# PLANNING GRANT APPLICATION INSTRUCTIONS

Your application consists of the following components. Please make sure to complete each one.

I. SF424 Facesheet (Applicant Information and Application Information Section)

II. Narrative (Narratives Section)

III. Budget (Budget Section)

As you complete each section of the narrative, you must stay within the character limits specified in the table below.

Narrative Item	Maximum Number of Characters (including spaces and punctuation)
A. Executive Summary	2,000 characters
B. Summary of Accomplishments and Outcomes (if applicable)	2,000 characters
C. Program Design (50%) 1) Rationale and Approach (10%) 2) Member Outputs and Outcomes (20%) 3) Community Outputs and Outcomes (20%)	21,000 characters for Sections C, D, and E combined  <b>Important Note:</b> In eGrants, enter text for C, D and E into the fields for Rationale and Approach, Member Outputs and Outcomes, Community Outputs and Outcomes, Organizational Capability, and Cost Effectiveness and Budget Adequacy. <b>Each of these fields has a 32,000 character limit. This allows for some flexibility in how you split your narrative between these fields. You may not exceed 21,000 characters in total for Sections C, D and E combined.</b>
D. Organizational Capability (25%)	
E. Cost Effectiveness and Budget Adequacy (25%) 1) Cost Effectiveness (15%) 2) Budget Adequacy (10%)	
<b>Total Maximum Number of Characters per Application</b>	<b>25,000</b>

## A. Executive Summary

Provide a concise overview that summarizes your planning approach, your vision for an AmeriCorps program, and the community need that your program will address. Include your organization's mission statement and a short, clear statement that describes the purpose of the program that you are proposing.

## B. Summary of Accomplishments and Outcomes

Complete this section only if your organization has received Corporation program funds of any type within the last three years. List the types and amounts of Corporation program funds that your organization has received in the last three years.

## C. Program Design

The following sections include elements that will contribute to your successful response to the criteria as articulated in the AmeriCorps regulations. **Although they are aligned with the criteria articulated in the AmeriCorps regulations, they are not to be confused with the criteria themselves.** The criteria can be found in AmeriCorps regulations, 45 CFR §§ 2522.420–2522.448, along with additional information about what reviewers will assess within each category.

**1. Rationale and Approach**

- Describe the need you plan to address, the target communities you will serve, and the process you will use to document the need.
- To the extent possible, explain the activities you propose to address the need and the roles you envision for AmeriCorps members and community participants in these activities.
- Describe in general what measurable outputs and outcomes you will achieve.
- Discuss how the target communities have been involved in planning the program to date and how they will continue to be involved in the planning process and implementation.
- Explain your plans for ensuring that the proposed program builds on (without duplicating), or reflects collaboration with, other national and community service programs supported by the Corporation. You can find a listing of Corporation-supported programs by state at [www.americorps.org/about/role\\_impact/state\\_profiles.asp](http://www.americorps.org/about/role_impact/state_profiles.asp).
- Discuss how you will design your program so that it is replicable.

**2. Member Outputs and Outcomes**

- Describe the type of individual you will recruit as an AmeriCorps member and discuss the qualifications or background a member will need to serve in your program. Also discuss the extent to which you expect to recruit members from among the residents of the target communities.
- Discuss in general the training, supervision, and ongoing assistance you will need to provide in order to effectively prepare and support your AmeriCorps members.

**3. Community Outputs and Outcomes**

- Describe how you will plan for the sustainability of your program beyond the presence of federal support. For example, you might foresee how your community relationships will lead to community investment in the program's continued operation, how you will diversify your funding sources to include a wide range of stakeholders (such as state, local, and private sector funding), how your strategies for recruiting and supporting volunteers will sustain member activities beyond AmeriCorps, or how the community will maintain your project, such as the revitalization of a local park, after it is complete.
- Discuss how you plan to incorporate volunteer generation (non AmeriCorps members) and support into your proposed program to expand its reach in the community.

- Explain how you expect your proposed program to enhance the capacity-building of your organization, service sites, and other important organizations and institutions in the community.
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- **D. Organizational Capability**
  - Provide a brief history of your organization including the year it was established and your funding history, if any, with the Corporation.
  - Describe your ability to successfully plan an AmeriCorps program.
  - Describe how you will use the planning period to develop your capacity to effectively manage an operating program including:
    - Establishing systems and processes for sound programmatic and fiscal oversight.
    - Creating a process for selecting operating and service sites (if applicable) that will ensure the most appropriate and capable organizations are selected.
    - Planning orientation and training for operating and service sites (if applicable).
    - Ensuring you have the ability to provide or secure effective technical assistance.
  - Provide a detailed description of your planning process and a timeline for planning activities.
  - Describe your organization's management and staff structure and the role the board of directors, administrators, and staff members will play in the planning process.
  - Demonstrate that your organization has a sound record of accomplishment. Discuss your prior experience in the proposed area of programming and other examples of your organization's leadership in the community.
- **E. Cost Effectiveness and Budget Adequacy**
  - Cost Effectiveness: Describe your plans to develop a cost-effective program including how you will develop diverse non-federal resources that will support your program implementation and sustainability.
  - Budget Adequacy: Discuss the adequacy of your budget to support the planning process including the match commitments (cash and in-kind) you have for the planning process, and how you will secure any additional commitments you need for the planning grant.

## APPENDIX A: SF 424 Facesheet Instructions (Applicant Information and Application Information Sections)

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This form is required for applications submitted for federal assistance.

### *Item #*

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.  
Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
  - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
  - c. Your organization’s DUNS number (received from Dun and Bradstreet).
  - d. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
  - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.  
Item 7. b.: Please enter the characteristic(s) that best describe your organization.

#### **K-12 Education**

- 1 School (K-12)
- 2 Local Education Agency
- 3 State Education Agency

#### **Higher Education**

- 4 Vocational/Technical College
- 5 Community College
- 6 2-year College
- 7 4-year College
- 8 Hispanic Serving College or University
- 9 Historically Black College or University
- 10 Tribally Controlled College or University

#### **Government**

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor’s Office
- 27 State Commission/Alternative Administrative Entity

#### **Non-Profit Organizations**

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/Business Association
- 14 Community Action Agency/Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (Non-government)
- 22 Other Native American Organization

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
  - a. Check “New” if your organization has never held an AmeriCorps State and Territory Competitive program grant before.
  - b. Check “New Application/Previous Grantee” if your organization has held an AmeriCorps State and Territory Competitive program grant in the past and the application is for a new grant.
  - c. Check “Continuation” if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State and Territory program grants are typically awarded for three year periods.
  - d. Check “Amendment” if you are a grantee proposing any measurable change in an existing grant award; e.g., a budget amendment, extension, changes in the program scope or goals, etc.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

  - a. Select “Augmentation” if you are an AmeriCorps State and Territory Competitive grantee submitting a revised budget to incorporate a Corporation-authorized increase.
  - b. Select “Budget Revision” to make a change in the grant budget, including slots.
  - c. Select “No-cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
  - d. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
  - a. When applying for a Continuation or Amendment, please use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Grantee” if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
  - b. Enter the name of the Corporation’s program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8) New application or new application/previous grantee: Enter the dates for the proposed project period. Continuation or Amendment application: Enter the dates of the approved project period.
14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on the appropriate line, as shown below. Include the value of in-kind contributions in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.
  - a. **Federal**            The total amount of federal funds being requested in the budget.

- b. Applicant**      The total amount of the applicant share as entered in the budget.
- c. State**            The amount of the applicant share that is coming from state sources.
- d. Local**            The amount of the applicant share that is coming from local governmental sources (e.g., city, county, and other local government sources).
- e. Other**            The amount of the applicant share that is coming from non-governmental sources.
- f. Program Income**      The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
- g. Total**            The applicant's estimate of the total funding amount for the agreement.

15.      Indicate if this application is subject to review by the State Executive Order 12372 Process by checking the box. Executive Order 12372, Intergovernmental Review of Federal Programs, was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct federal development. The Order allows each state to designate an entity to perform this function. A list of these Single Point of Contact entities can be found at:

[www.whitehouse.gov/omb/grants/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html)

Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

- a.      If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process.
  - b.      If No, check the appropriate box.
16.      Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If yes, attach an explanation.
17.      **The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.**

**Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both (18 U.S. Code Section 1001).**

# APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev. 11/02 to conform to the Corporation's eGrants system)

		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction															
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. a. DATE RECEIVED BY STATE:	3.b. STATE APPLICATION IDENTIFIER:															
	4. a. DATE RECEIVED BY CNCS:			4.b. CNCS GRANT NUMBER:													
5. APPLICANT INFORMATION																	
5a. LEGAL NAME:  5b. ORGANIZATIONAL UNIT:  5c. ORGANIZATIONAL DUNS:  5d. ADDRESS (give street address, city, county, state and zip code):		5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (including area code):  NAME:  TELEPHONE NUMBER: (       )       -  FAX NUMBER: (       )       -															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"><div>A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____</div><div>H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization</div></div>															
8. TYPE OF APPLICATION (Check appropriate box): <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION</div><div><input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> AMENDMENT</div></div> If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"><div>A. AUGMENTATION:    <input type="checkbox"/></div><div>B. BUDGET REVISION: <input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date)</div><div>E. OTHER (specify below):    <input type="checkbox"/></div></div> _____																	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div>		11. a. TITLE OF APPLICANT'S PROJECT:															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		11. b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT:    START DATE:    END DATE:																	
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr.2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 20%;">a. FEDERAL</td><td style="width: 80%;">\$</td></tr><tr><td>b. APPLICANT</td><td>\$</td></tr><tr><td>c. STATE</td><td>\$</td></tr><tr><td>d. LOCAL</td><td>\$</td></tr><tr><td>e. OTHER</td><td>\$</td></tr><tr><td>f. PROGRAM INCOME</td><td>\$</td></tr><tr><td>g. TOTAL</td><td>\$</td></tr></table>		a. FEDERAL	\$	b. APPLICANT	\$	c. STATE	\$	d. LOCAL	\$	e. OTHER	\$	f. PROGRAM INCOME	\$	g. TOTAL	\$	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <div style="margin-top: 5px;">a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____</div> <div style="margin-top: 5px;">b. NO.    <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372           <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</div>	
		a. FEDERAL	\$														
		b. APPLICANT	\$														
		c. STATE	\$														
		d. LOCAL	\$														
		e. OTHER	\$														
		f. PROGRAM INCOME	\$														
g. TOTAL	\$																
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> YES    If "Yes," attach an explanation.</div><div><input type="checkbox"/> NO</div></div>																	
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			e. DATE SIGNED:														



## APPENDIX E: Budget Instructions (Budget Section)

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**How to Begin:** You will enter your detailed budget information in eGrants. Your detailed information creates the summary budget form. Your budget must provide a full explanation of all proposed costs including their purpose, justification, and the basis of your calculations. Where appropriate, present calculations in an equation format, e.g., two (2) staff traveling @ \$350/trip for 2 trips = \$1400; or, salary \$60,000 @ 20% devoted to program = \$12,000.

### Overview of Key Statutory and Regulatory Budget Requirements:

- Equipment costs must not exceed 10% of the total Corporation share.
- Administrative costs must not exceed 5% of the total Corporation funds requested.
- Your budget must meet certain minimum match requirements for operating and member support costs:
  - **Sections I & III:** You must match with cash or in-kind contributions at least 33% of the project's total Operating (Section I) plus Administrative (Section III) costs. The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
  - **Section II:** You must match at least 15% of all member costs (Section II) with non-federal cash. The matching sources may be state, local, private sector, or other non-federal funds in accordance with applicable AmeriCorps requirements. Other federal funds are not an acceptable source of the required 15% cash match for member costs, except for health care.

*Note:* Most federal funds are not authorized to be used as match for another federal grant. While the Corporation's legislation may permit the use of non-Corporation federal funds as match for the grantee share of the budget for operating and administrative costs, the determining factor is the other federal agency. You must ensure that your use of another federal agency's funds as match for this national service program grant is permitted by the other agency.

**U.S. Territories:** In compliance with P.L. 96-205, as amended (48 U.S.C. 1469a(d)) CNCS shall waive any requirement for local matching funds under \$200,000 (including in-kind contributions) to American Samoa, Guam, the Virgin Islands, and the Northern Mariana Islands.

**Tribal Entities:** In compliance with Executive Order 13175 (November 6, 2000), Consultation and Coordination with Indian Tribal Governments, the Corporation will handle waiver requests from Indian Tribes in an expedited manner.

- In each section of the budget, clearly and specifically identify the source and total dollar amount of cash match from private, state and local and federal funds, and the source and total amounts of in-kind support. Define all acronyms the first time they are used to reference non-Corporation programs and sources.
- In addition to the limits on the Corporation and federal shares of funding for each budget section, grantees are required to meet an overall matching rate that increases over time. These matching

requirements may be waived in limited circumstances. See 45 CFR §§ 2521.35–2521.90, for the regulatory match and waiver requirements.

**Consistency of treatment:** For any cost to be allowable under a grant award based on an application for AmeriCorps program funding, the cost must be accorded consistent treatment using policies and procedures that apply uniformly to both the federal grant funded activities and to all other activities of the applicant.

**Calculating the Corporation Cost per Member Service Year (MSY) (formerly Cost per Full Time Equivalent (FTE)):** An important factor in our consideration of the proposed budget is the Corporation cost per MSY. One Member Service Year is equivalent to one full-time service period of at least 1,700 hours of service. You calculate your Corporation cost per MSY by dividing the Corporation's share of budgeted grant costs by the number of member service years you are requesting in your grant. Do not include child care or the cost of the education award a member may earn through serving with your program.

## **Section I. Program Operating Costs**

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the Total Amount, CNCS Share, and Grantee Share for Parts A-J, as follows:

### **A. Personnel Expenses**

Under Position/Title Description, list each staff position title and provide a brief 5 or 6-word position description, salary, and percentage of effort devoted to this award.

### **B. Personnel Fringe Benefits**

Under Purpose/Description, identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation or rate for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. Include holidays, sick, and vacation leave in the personnel expenses (salary) budget line item. Itemize unusual or exceptionally high-cost benefits.

### **C. 1. Staff Travel**

Describe the purpose of each instance of travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other travel related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Only domestic travel is allowable; other travel is allowable only if specifically identified and approved as a condition of your award.

**You must include the following amounts in this line item for funds to travel to Corporation-sponsored technical assistance meetings:**

- If you are applying through a state commission, budget \$2,000.
- If you are applying for a National Direct or National Professional Corps grant, budget \$2,000 for the parent organization and \$750 for each operating site.
- If you are applying directly to the Corporation as an Indian Tribe, applicant from a state or U.S. Territory without a State Commission, or a Planning Grant applicant, budget \$2,000.

### **C. 2. Member Travel**

Describe the purpose for which members will travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service

location or between sites. Include costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc. in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

#### **D. Equipment**

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. Purchases of equipment are limited to 10% of the total Corporation funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment.

#### **E. Supplies**

Include the amount of funds to purchase consumable supplies and materials, including Member Service Gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. The maximum cost of member service gear, inclusive of any standard packages which may be offered, is \$35 per member. For programs that require the professional uniform, a collared shirt, the maximum cost is \$70 per member. Programs that require additional safety gear can budget up to an additional \$150 per requested member. Charge all other costs associated with member gear to the grantee share.

#### **F. Contractual and Consultant Services**

Include costs for consultants related to the project's operations. Payments to individuals for consultant services under this grant may not exceed \$540 per day (excluding costs for indirect expenses, travel, supplies, etc.). The \$540 daily rate is a ceiling, and we expect cost effective programs to find consultants who will work below this maximum. Indicate the daily rate for consultants you are proposing to use, describe their contractual services, and provide the names of the organizations when available. Indicate the daily rate, number of days, and total cost. For any pro bono work by a contractor in combination with fee-based work, affirm that the vendor's normal fee schedule and market-based work warrant the in-kind value placed on the donated portion.

#### **G. 1. Staff Training**

Include the costs associated with training staff on project requirements and enhancing the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed \$540 per day.

#### **G. 2. Member Training**

Include the costs associated with training members to carry out their service activities, for example, orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment. You may also use this section to request funds to support training in Life After AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed \$540 per day.

#### **H. Evaluation**

Include costs for project evaluation activities such as evaluation consultants or purchase of instrumentation. Include staff time or subcontracts you did not budget under Section I A. Personnel Expenses. This cost **does not** include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. If using a consultant(s) for evaluation, indicate the estimated daily rate, not to exceed \$540 per day.

## I. Other Operating Costs

Allowable costs in this budget category can include when applicable:

- Background checks of members and grant-funded staff who have recurring access to vulnerable populations, i.e., children, the elderly, disabled, etc.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. For national office space, rental may be unallowable; check relevant OMB Circulars. If space is budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, Internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organizations indirect cost/admin cost allocation pool.
- Costs associated with operating a residential program.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.

## J. Source of Match

Enter the total amount of cash and in-kind match under columns for Private, State and/or Local, and Federal in the Source of Match box. Then, for each amount entered, identify the source of the matching funds or in-kind contributions by entering text under Sources. Define any non-Corporation acronyms the first time they are used.

## Section II. Member Costs

Member Costs are identified as Living Allowance and Member Support Costs. Within each category of member costs, identify the total amount(s) of cash and in-kind match that are from private, state and local and federal funds (when allowable). Enter this information in the 'Source of Match' box. Include a description of the source of each type of funds.

### A. Living Allowance

Clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time, 1<sup>st</sup> and 2<sup>nd</sup> Years of 2-Year Half Time) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation's share (CNCS Share) and grantee match (Grantee Share). You must pay a living allowance to full-time members. The grantee match must be at least 15% of the total.

Enter the total number of members you are requesting in each category. Enter the amount of the living allowance for each type of member. Enter the number of members for which you are not requesting funds for a living allowance, but for which you request education awards.

#### 2007 AmeriCorps Maximum Federal Share of Living Allowance

Term of Service	Minimum Number of Hours	Minimum Living Allowance	Maximum Living Allowance	MSY	Maximum CNCS/Federal Share of Living Allowance
Full-time	1700	\$11,100	\$22,200	1.000	\$9,435
One Year Half-Time	900	N/A	\$11,750	0.500	\$4,995
Two Year Half-Time	900	N/A	\$11,750	*0.250	\$4,995
Reduced Half-Time	675	N/A	\$8,815	0.375	\$3,746

Quarter-Time	450	N/A	\$5,875	0.250	\$2,498
Minimum-Time	300	N/A	\$3,915	0.200	\$1,665

**Notes:**

1. There is no requirement to pay a living allowance to less than full-time members.
  2. The Federal share of the living allowance can never be more than 85% of the minimum living allowance for the Term of Service.
  3. The amount of the maximum for less than full-time living allowance is rounded to the nearest dollar.
  4. The calculation for the maximum federal share for less than full-time members who do receive a living allowance is pro-rated based on 85% of the proportion of the minimum full-time required hours.
- \* **For a two year half-time position, the living allowance can be split between two years, e.g. 0.250 in Year 1 and 0.250 in Year 2.**

**Example:**

Half-time member living allowance could be:  $900/1700 \times \$11,100 = \$5,876$ .

Maximum federal share is:  $\$5,876 \times 85\% = \$4,995$ .

If a program decides to pay a living allowance for a half-time member of \$6,500, the federal share can only be \$4,995. The program must cover the remaining \$1,505 as match. In this case, the match is 23%.

**B. Member Support Costs**

Consistent with the laws of your state, you must provide members with the benefits described below. The grantee match for this budget category must be **cash** and its source must be state, local, or private sector funds, except for health care. In addition, any non-federal share (matching) of costs budgeted above the 15% minimum can be matched with other federal funds, subject to the other federal agency's approval. Identify the federal share and describe any match contribution(s) as previously instructed.

- **FICA.** Unless exempted by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with your State Department of Labor or state commission to determine if you are required to pay worker's compensation and at what level. If you are not required to pay worker's compensation you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or incidents.
  - **Health Care.** You must provide a health care policy to those full-time members not otherwise covered by a health care policy at the time of enrollment into the AmeriCorps program, or to those members who lose coverage during their term of service as a result of participating in the Program or through no deliberate act of their own. The Corporation will not cover health care costs for family members or for less than full-time members.

Except as stated below you may not pay health care benefits to less than full-time members with Corporation funds. You may choose to provide health care benefits to less than full-time members from other sources (i.e., non-federal).

Less than full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) may be eligible for health care benefits supported with our funds,

subject to applicable match requirements. However, the Corporation must either approve this in the grant agreement or by prior written approval.

In your budget narrative, indicate the number of members who will receive the project's existing health care benefits. If you have an existing health benefit policy for your full-time members that meets minimum requirements, you may request 85% of those as CNCS/federal funds. You must match the remainder in cash. The Corporation will not pay for dependent coverage. If you intend to use a health care policy charging more than \$150 per month per member out of the federal share, you must request pre-award approval from the Office of Grants Management.

- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting their state commission, legal counsel or the applicable state agency. AmeriCorps National Direct and AmeriCorps Tribes and Territories Grantees must coordinate with their state commissions to determine a consistent state treatment of unemployment insurance requirements. The Corporation will fund 85% of these expenses when mandated by state law.

### **Section III. Administrative/Indirect Costs**

#### **A. Definitions**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives Corporation funds and does not include particular project costs. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122, which can be found at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).

Administrative costs include:

1. Allowable direct charges for members, including living allowances, insurance payments made on behalf of members, training, and travel.
2. Costs for staff (including salary, benefits, training, and travel) who recruit, train, place, or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective.
3. Costs for independent evaluations and any internal evaluations of the project that are related specifically to quality improvement.
4. Costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support project activities; staff who coordinate and facilitate single or multi-site project activities; and staff who review, disseminate and implement Corporation guidance and policies directly relating to a project.
5. Space, facility, and communications costs allocated specifically to AmeriCorps project operations, excluding those costs that are already covered by an organization's indirect costs rate.
6. Other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by the Corporation as directly attributable to a project.

## **B. Options for Calculating Administrative/Indirect Costs (choose either 1 or 2, below)**

You may use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method. Regardless of the option chosen, the Corporation's share of administrative costs is limited by statute to 5% of the total Corporation funds **actually expended** under the grant.

### **1. Corporation Fixed Percentage Method**

The Corporation fixed rate allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the Corporation Fixed Percentage Method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the Corporation funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

- a. Multiply the sum of the Corporation funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. Enter this amount as the Corporation share for Section III A.
- b. Then multiply the total (both Corporation and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.
- c. Enter the sum of the Corporation and grantee shares under Total Amount.

### **2. Federally Approved Indirect Cost Rate Method**

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5% maximum payable by the Corporation. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final IDC. Supply your approved IDC rate (percentage) and, more importantly, the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). You can decide whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

- a. Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
- b. Multiply the sum of the Corporation funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the Corporation share of indirect costs.
- c. Subtract the amount calculated in b., above (the Corporation administrative share) from you can claim as grantee share for administrative costs.

**State Commission 1% Set-Aside Share Option.** Regardless of the method used to calculate administrative costs, state commissions may choose to set aside a portion of the Corporation share to use in administering its subgrantees. This amount must not exceed a one-fifth share of the maximum 5% Corporation share. When using this option, the subgrantee's portion must not exceed the remaining 4% portion of the maximum Corporation share. Request both the commission and subgrantee portions of the Corporation share of administrative costs in the subgrantee's budget.

To allocate the subgrantee share of the amount: Multiply the sum of the Corporation shares of Sections I and II by 4.21% (i.e. 0.0421). This is the maximum amount that the subgrantee can request as the Corporation share of administrative costs. Enter this amount as the Corporation share for Section III A or Section IIIB as appropriate, in the line item subgrantee share amount.

To allocate the Commission share of this amount: Multiply the sum of the Corporation shares of Sections I and II by 1.05% (i.e. 0.0105). This amount is the total the commission can retain to administer the subgrant(s). Enter this amount as the Corporation share for Section IIIA or Section IIIB as appropriate, line item commission share amount.

### **Increasing Grantee Overall Share of Total Budgeted Costs**

In addition to the limits on the Corporation and federal shares of funding for each budget section, grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum matches—15% (for Section II) and 33% (for Sections I and III)—are maintained. These matching requirements may be waived in limited circumstances. See 45 CFR §§ 2521.35–2521.90, for the specific regulatory match and waiver requirements.



## APPENDIX F: Budget Worksheet (Budget Section)

### Section I. Program Operating Costs

#### A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

#### B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

#### C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

#### C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

#### D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

#### E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**G.1. Staff Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**G.2. Member Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**H. Evaluation**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**I. Other Program Operating Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section I:	Total Amount	CNCS Share	Grantee Share

**J. Source of Match**

Source(s), Type, Amount, Intended Purpose				
In-kind	Private \$	State and/or Local \$	Federal \$	Sources Pro bono legal services from Name.
Cash	\$	\$	\$	ABC Foundation, State of A, and Federal Grant from ABC Agency
Total	\$	\$	\$	

**Section II. Member Costs****A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
1st Year of 2-Year Half Time						
2 <sup>nd</sup> Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
Totals						

**B. Member Support Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
Subtotal Sections I + II:			

### C. Source of Match

Source(s), Type, Amount, Intended Purpose,				
In-kind	Private \$	State and/or Local \$	Federal \$	Sources Pro bono legal services from Name.
Cash	\$	\$	\$	ABC Foundation, State of A, and Federal Grant from ABC Agency
Total	\$	\$	\$	

### Section III. Administrative/Indirect Costs

#### A. Corporation Fixed Percentage Method

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Subgrantee Share				
Commission Share				
Totals				

#### B. Federally Approved Indirect Cost Rate Method

	Cost Type	Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share
Subgrantee Share								
Commission Share								
Totals								

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share

Budget Total: Validate this budget Required Match Percentages:	Total Amount	CNCS Share	Grantee Share

## **APPENDIX I: Budget Analysis Checklist (Budget Section)**

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Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements.

<b>In Compliance?</b>	<b>Section I. Program Operating Costs</b>
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	Brief position descriptions are provided for each staff member listed on the grant?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5000 per unit are specifically listed?
Yes ___ No ___	All single supply items over \$1000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	Have the instructions concerning service gear been followed? If you choose to purchase the standard service gear package, budget \$35.00 per member. If you choose to purchase the collared-shirt, budget between \$35 and \$70 per member. The federal share can be up to \$150 per member for additional safety apparel that is necessary to perform daily service activities. You must include a justification for these additional items in the budget narrative.
Yes ___ No ___	Are all consultant services are budgeted below the maximum federal daily rate of \$540/day?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Are all items in the budget narrative itemized and justified?
Yes ___ No ___	You have included \$2,000 for travel to CNCS-sponsored meetings in the budget narrative (\$750 for National operating sites, if applicable)?
Yes ___ No ___	Have you provided budgeted costs for background checks of members and grant-funded staff that will have recurring access to vulnerable populations (i.e., children, frail elderly, persons with disabilities)?
Yes ___ No ___	Are all Project Operating Costs matched at least 33% with cash or in-kind contributions?
Yes ___ No ___	Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?

<b>In Compliance?</b>	<b>Section II. Member Costs</b>
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance as indicated in the chart in the budget instructions. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement. Projects are not required to provide half-time members living allowances, but if they do, they must comply with the living allowance requirements listed in the budget instructions.
Yes ___ No ___	Does the budget provide non-federal cash match for all member costs, except health care? You cannot use other federal funds for the first 15% of match of living allowance, FICA, or worker's compensation.
Yes ___ No ___	Are Member Costs matched at least 15% in cash? If you are budgeting use of work-study funds, there must be an aggregate 15% non-federal share of all member costs.
Yes ___ No ___	Is the federal share of the living allowance for full-time members no more than the amount listed in the chart in the budget instructions? Regardless of the size of the living allowance, the federal share cannot exceed the statutory 85% of the minimum living allowance.
Yes ___ No ___	The federal share of living allowance for half-time members is not more than 85% of half of the minimum living allowance as announced in the <i>Notice</i> and budget instructions? As with full-time members, projects may provide a higher living allowance, but the federal share cannot exceed the amount listed.
Yes ___ No ___	Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.
Yes ___ No ___	Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance.
Yes ___ No ___	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or state commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).
Yes ___ No ___	Health care is provided for qualified full-time AmeriCorps members only (unless half-time serving for a sustained full-time period of time such as summer service)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.

<b>In Compliance?</b>	<b>Section III. Administrative/Indirect Costs</b>
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	For all matching funds, the source(s), the type of contribution (cash or in-kind), the amount (or an estimate), and the intended purpose are clearly identified in the narrative. Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?

## APPENDIX K: Assurances and Certifications (Review, Authorize and Submit Section)

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### Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

**a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

**b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

**e) Assurance requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**f) Assurance inclusion in subgrant agreements**

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

**g) Assurance of subgrant principals**

You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**h) Non-assurance in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**i) Prudent person standard**

Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable *Notice*, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking



water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-l et seq.).
15. Will comply with P.L. 93-348 and 45 CFR Part 46 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all the requirements of Subpart C of 45 CFR Part 2542, implementing E.O. 1259, regarding restrictions on doing business with suspended, debarred, and otherwise disqualified entities.
20. Will comply with all the requirements for providing a drug-free workplace on a continuing basis as set out in Subpart B of 45 CFR Part 2545, implementing sections 5151-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690).
21. Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services, and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program.
22. Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA.
23. Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the state commission for the state in which the program operates.
24. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, application guidelines, and policies governing this program.

## **CERTIFICATIONS**

### **1. Lobbying (Activities)**

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement.
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**2. Compliance with the Lobbying Disclosure Act of 1995.** As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the undersigned nor any of its operating sites is an organization described in Section (501)(c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. § 501(c)(4) that engages in lobbying activities.

## **ASSURANCES AND CERTIFICATIONS**

**ASSURANCE SIGNATURE:**      **NOTE: Sign this form and include in the application.**

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By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Legal Applicant:**\_\_\_\_\_

**Program Name:**\_\_\_\_\_

**Name and Title of Authorized Representative:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**CERTIFICATION SIGNATURE:**      **NOTE: Sign this form and include in the application.**

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By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

Certification: Debarment, Suspension and Other Responsibility Matters

Certification: Drug-Free Workplace

Certification: Lobbying Activities

**Legal Applicant:**\_\_\_\_\_

**Program Name:**\_\_\_\_\_

**Name and Title of Authorized Representative:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

## APPENDIX M: Beale Codes and County-Level Economic Data

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### Rural Community

**Beale codes** are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 6, 7, 8, or 9 is eligible to apply for the alternative match.

### **Severely Economically Distressed Community**

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

WEBSITE ADDRESS	EXPLANATION
<a href="http://www.econdata.net">www.econdata.net</a>	<b>Econdata.Net:</b> This site links to a variety of social and economic data by state, county, and metro area.
<a href="http://www.bea.gov/bea/regional/reis/">www.bea.gov/bea/regional/reis/</a>	<b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on per capita income by county for all states except Puerto Rico.
<a href="http://www.census.gov/hhes/www/saipe/index.html">www.census.gov/hhes/www/saipe/index.html</a>	<b>Census Bureau's Small Area Poverty Estimates:</b> Provides data on poverty and population estimates by county for all states except Puerto Rico.
<a href="http://www.census.gov/main/www/cen2000.html">www.census.gov/main/www/cen2000.html</a>	<b>Census Bureau's American Fact-finder:</b> Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.
<a href="http://www.bls.gov/lau/home.htm">www.bls.gov/lau/home.htm</a>	<b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
<a href="http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/">www.ers.usda.gov/Data/RuralUrbanContinuumCodes/</a>	<b>US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):</b> Provides urban rural code for all counties in US.